

# **Application Data Sheet**

## **APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: G-CSF DERIVATIVE FOR INDUCING  
IMMUNOLOGICAL TOLERANCE

Attorney Docket Number:: 250898

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Geoffrey  
Middle Name::  
Family Name:: HILL  
Name Suffix::  
City of Residence:: Hawthorne  
State or Prov. of Residence:: Queensland  
Country of Residence:: Australia  
Street of mailing address:: 14 Govett Avenue  
City of mailing address:: Hawthorne  
State or Province of mailing address:: Queensland  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 4171

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Kellie  
Middle Name::  
Family Name:: MACDONALD  
Name Suffix::  
City of Residence:: Wishart  
State or Prov. of Residence:: Queensland  
Country of Residence:: Australia  
Street of mailing address:: 86 Gary Street  
City of mailing address:: Wishart  
State or Province of mailing address:: Queensland  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 4122

Inventor Authority Type::	Inventor
Primary Citizenship Country::	Great Britain
Status::	Full Capacity
Given Name::	Edward
Middle Name::	
Family Name::	MORRIS
Name Suffix::	
City of Residence::	New Farm
State or Prov. of Residence::	Queensland
Country of Residence::	Australia
Street of mailing address::	124 Sydney Street
City of mailing address::	New Farm
State or Province of mailing address::	Queensland
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	4005

## **CORRESPONDENCE INFORMATION**

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## **REPRESENTATIVE INFORMATION**

Representative Customer Number::	23460
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Representative Designation::	Registration Number::	Representative Name::
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## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU2004/001116	08/20/2004

## FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
Australia	2003904541	08/22/2003	Yes

## ASSIGNEE INFORMATION

Assignee name::	THE COUNCIL OF THE QUEENSLAND INSTITUTE OF MEDICAL RESEARCH
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State or Province of mailing address::	Queensland
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